

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7677

1 PLACE OF DEATH

County Madison

Vot. Pot. Wilson

Ino. Town

City

Registration District No. 7129

Primary Registration District No.

(No.)

File No.

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Mary Chilton

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>girl</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Jan 30, 1915</u> (Month) (Day) (Year)		
7 AGE yrs. <u>11</u> mos. <u>17</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>ky</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
January 14, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1918, to Jan, 1919, that I last saw her alive on Jan 14, 1919, and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH* was as follows:
acute Paratyphoid
trans mephitic
(Duration) yrs. 2 mos. 14 ds.

Contributory (Secondary)
(Duration) yrs. ... mos. ... ds.

(Signed) C. W. DeWitt, M. D.
Jan 11, 1919 (Address) Marshall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

PARENTS

10 NAME OF FATHER <u>Arch Chilton</u>
11 BIRTHPLACE OF FATHER (State or country) <u>ky</u>
12 MAIDEN NAME OF MOTHER <u>Canaria Drake</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arch Chilton
(Address) Marshall

15 Filed 1/14, 1919 SO Maple
REGISTRAR

B. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.